

**State of Washington
Department of Retirement Systems**

**Deferred Compensation Program
PAYMENT ADVICE**

Employer Name:	<i>SOMEWHERE CITY OF</i>
Reporting Group:	<i>899Z99</i>

Payment Number	Reporting Period	Version/Expected	Amount
87231	09/2001	02 of 02	\$750.00

System Total for This Page	<i>\$750.00</i>
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Mail this form and DCP Transmittal Report *with payment to:*

**Department of Retirement Systems
PO Box 9018
Olympia WA 98507-9018**

For DRS use only

DRS Receipt Number: